



**STATE OF NEW HAMPSHIRE**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC HEALTH SERVICES**

29 HAZEN DRIVE, CONCORD, NH 03301-6504  
603-271-4673 FAX: 603-271-4859 TDD Access: 1-800-735-2964

**2009 BEVERAGE LICENSE RENEWAL APPLICATION**

Enclosed is a renewal application for a beverage license for the year 2009. Your current license expires on January 1, 2009. In accordance with RSA 143:10, all companies manufacturing beverages, including bottled water, and beverage concentrates, in New Hampshire must obtain a license from the New Hampshire Department of Health and Human Services. Please complete the enclosed application and return it with all applicable attachments and the appropriate fee made payable to "Treasurer, State Of New Hampshire". **Incomplete or illegible applications will not be processed.**

**If you are no longer producing a beverage, bottled water or beverage concentrate in New Hampshire, please return this application with a note of explanation so that we can update our records.**

If you have any questions, please do not hesitate to contact me by telephone at (603) 271-4673 or e-mail at lkeller@dhhs.state.nh.us.

Sincerely,

Leah Keller, Supervisor  
Beverages & Bottled Water  
Food Protection Section

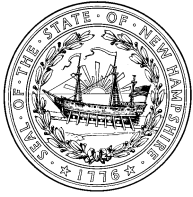
## **Beverage License Fees**

### **Classes of Bottlers:**

- (a) Class 1 shall include bottlers of more than 5,000 gallons per day, averaged over a period of one year, of beverages or beverage concentrates other than water;
- (b) Class 2 shall include bottlers of more than 2,500 and less than 5,000 gallons per day, averaged over a period of one year, of beverages or beverage concentrates other than water;
- (c) Class 3 shall include bottlers of more than 500 and less than 2,500 gallons per day, averaged over a period of one year, of beverages or beverage concentrates other than water;
- (d) Class 4 shall include bottlers of not more than 500 gallons per day, averaged over a period of one year, of beverages or beverage concentrates other than water.
- (e) Class 5 shall be bottlers of water.

### **In-state beverage fees:**

- (a) Licensure fees shall be non-refundable and graduated by class in accordance with the following schedule:
  - (1) Bottlers contained in class 1 shall pay a licensure fee of \$160.00.
  - (2) Bottlers contained in class 2 shall pay a licensure fee of \$125.00.
  - (3) Bottlers contained in class 3 shall pay a licensure fee of \$95.00.
  - (4) Bottlers contained in class 4 shall pay a licensure fee of \$38.00.
  - (5) Bottlers contained in class 5 shall pay a licensure fee of \$160.00.
- (b) Fees shall be due and payable prior to the issuance of a license.



**STATE OF NEW HAMPSHIRE**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC HEALTH SERVICES**

29 HAZEN DRIVE, CONCORD, NH 03301-6504  
603-271-4673 FAX: 603-271-4859 TDD Access: 1-800-735-2964

**2009 BEVERAGE AND BEVERAGE CONCENTRATE LICENSE RENEWAL APPLICATION**

(Please type or print)

**Full legal Name of Corporation or Owner:** \_\_\_\_\_

**Name of Company Applying for License:** \_\_\_\_\_

(If different from above. Company name to go on license)

**Contact Person:** (for correspondence) \_\_\_\_\_ **Title:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Telephone:** ( ) \_\_\_\_\_ **Fax:** ( ) \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Bottling Facility Name:** (If different from above) \_\_\_\_\_

**Bottling Facility Address:** (If different from above) \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Bottling Facility Contact Person:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Telephone:** ( ) \_\_\_\_\_ **Fax:** ( ) \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Emergency After Hours Contact Name and Telephone Number:** \_\_\_\_\_

**Type of Product(s) Bottled:** (i.e. spring water, juice, soda, etc.) \_\_\_\_\_

**Source Of Water If Product Is Bottled Water:**

(Including name of source if applicable) \_\_\_\_\_

**Source of Plant Operations Water:** (i.e. private well, municipal source, approved bottled water) \_\_\_\_\_

**Complete List of Product(s), Including Brand Names, Produced At Above Plant.** Attach additional sheet if necessary.

- |          |          |          |
|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
| 4. _____ | 5. _____ | 6. _____ |

**PLEASE ATTACH THE FOLLOWING:**

1. A complete list of products being licensed and copies of labels for new products or labels which have changed since previous license.
2. Fee made payable to **"Treasurer, State of New Hampshire"**. (see fee schedule on back of cover letter)
3. Copy of complete analysis of both source and finished product if product is bottled water.
4. Copies of any FDA approvals issued relative to labels making claims of medicinal or health giving properties.

**I, (print name & title)** \_\_\_\_\_, **certify that all information provided in or attached to this application is complete, accurate and up-to-date as of the date specified below. I further certify that there are no willful misrepresentations of the answers to questions herein, and that I have made no omissions with respect to any of my answers to the questions presented. I understand that it is my responsibility to immediately notify the Food Protection Section, Beverages & Bottled Water Program with regards to any changes, corrections or updates to the information provided.**

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE OF APPLICATION:** \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Date received: _____	Check number: _____	Amount: _____
Date issued: _____	License number: _____	Audit no.: _____
Reviewed by: _____	Date Reviewed: _____	